

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/645,053
Filing Date	08/21/2003
First Named Inventor	Michael Hausmann
Art Unit	2824
Confirmation No.	8225
Attorney Docket Number	14163-0019001

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;
- the practitioners (with registration numbers) of record listed on the attached paper(s); or
- the practitioners of record associated with Customer Number: 26161

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: | |

The owner of this patent, Qimonda AG, is in insolvency proceedings in Germany. Our firm has not been engaged by the trustee in bankruptcy and is not guaranteed payment for future services. We have advised Qimonda AG that our firm will be withdrawing from representation, and there are no deadlines occurring within 30 days of this filing.

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number:
OR

B. Inventor or
Assignee name Qimonda AG i. IN.

Address Patent Administration, PO BOX 83 07 07

City Munich	State	Zip 81707	Country GERMANY
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Telephone	49 89 60088-3949	Email	qimonda.patent-administration@qimonda.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /Paul Pysher/

Name	Paul A. Pysher	Registration No. 40,780
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Address FISH & RICHARDSON, P.C., PO BOX 1022

City Minneapolis	State MN	Zip 55440	Country US
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Date	December 4, 2009	Telephone No.	617-542-5070
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NOTE: Withdrawal is effective when approved rather than when received.